

City of Lodi
Operator License Application



| | | | |
|--|---|--|---------|
| Operator License No.: | Type of License (<i>circle one</i>): | New | Renewal |
| Beverage Server Certificate Attached (<i>circle one</i>): | | Yes | No |
| 1-Year (\$40) <input type="checkbox"/> Period: 7/1/2020 to 6/30/2021 | 2-Year (\$75) <input type="checkbox"/> Period: 7/1/2020 to 6/30/2022 | NON-REFUNDABLE Provisional (\$15): 60 days <input type="checkbox"/> Beginning: ___/___/___ | |
| Temporary (\$10) <input type="checkbox"/> For Date(s): _____ Located at: _____ | | | |

| | | | | | |
|---|----------------|--------|----------------------|-------|-----|
| Last | First | Middle | Previous Name(s) | | |
| Date of Birth & Age | Street Address | | City | State | Zip |
| Previous Address (<i>if less than two years at above address</i>) | | | Phone | | |
| Employer (<i>where license will be used</i>) | | | Driver's License No. | | |

List previous residence by City-County-State (prior 5 years):

Have you ever been **convicted of** or have **pending charges** of ANY of the following? YES___ NO___

- Any federal or state criminal statutes
- Any federal, state, or local alcohol or drug laws (including operating a motor vehicle under the influence)
- Any municipal ordinance law in the past five years (other than traffic or parking laws)

If YES, the following information for each incident must be provided (use back of page if needed):

| Date of Charge/Offense | Nature of Charge/Offense | Issuing/Arresting Agency |
|------------------------|--------------------------|--------------------------|
| | | |
| | | |
| | | |

The undersigned deposes and says that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of Wisconsin State Statutes shall be void, and under penalty of law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. The undersigned understands that the license fee is non-refundable and non-transferable.

Applicant Signature

Date

| Office Use Only | | | | |
|---------------------------|----------|---------|-------------------|--------------|
| Amount Paid (Cash/Check): | Granted: | Denied: | PD Investigation: | Approved By: |